THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLVIII. WEDNESDAY, MARCH 9, 1853. No. 6.

REPORT ON THE PERMANENT CURE OF REDUCIBLE HERNIA.

[Concluded from page 104.]

THE operation of closing the external ring by means of sutures is, we believe, quite a recent one. It is proposed by Thomas Wood, M.D., of Cincinnati, who states that he has performed it in three cases with success. His paper on the subject may be found in the last volume of the Transactions of this Association. It is certainly entitled to great consideration, not only from the importance of the subject, but from the candid manner in which he has treated it.

He says that his "experience is too limited to warrant him in saying much in its favor, but he cannot refrain from expressing the opinion that it offers to the ruptured patient a better prospect of a 'radical cure' than any operation before proposed."

He thinks that all the preceding operations have failed, because, from the nature of the texture concerned in them, the adhesions have not been sufficiently strong to prevent the descent of the hernia, and he founds his expectations of success from his method on the following considerations:—"Tendons," he says, "when wounded, will unite again by a formation similar to their original structure."

"Tendon is a permanent, unyielding tissue, seldom ruptured by the strongest exertions of the body.

"If we can close the external ring by a tendinous growth, we may effect a 'radical cure of hernia.'"

We do not deem it necessary to go into the details of the operation; for these, we refer to the author's paper. But we would remark that it is by no means certain that tendons, when wounded, are united by a similar substance. Much light has been thrown on this point within the last few years by the numerous cases in which tenotomy has been performed, and the Committee think that they are justified in saying, that it has been ascertained that the divided edges of tendons are united by a substance less resisting, more elastic, and not so firm as the original texture of the tendon.

But although this operation may not be found on further trial to be more successful than that of the scarification of the ring, yet, as it proposes to accomplish what has never been effected in any other way, viz., the con-

traction of the tendinous opening, it certainly, on this account, if no other, merits the careful consideration of the profession.

An operation similar to that of Dr. Pancoast, if not precisely the same, has been performed to a considerable extent in the neighborhood in which your Committee reside. Many persons, it is said, have been cured by it; but we have not met with any one of them who has felt that the truss could be safely laid aside. In one instance which has come to our knowledge, an individual submitted to the operation and thought himself cured. In a few months after, he gave up his truss, supposing that compression was no longer required, but in eighteen months from that time the hernia returned.

It is not pretended, however, that a cure may never be effected by this method, when all the circumstances of the case are favorable. It may happen, sometimes, when the hernia is small and recent, and when the patient is in good health and young, or has not passed the middle age of life; and it may, too, be of great advantage in some cases in which the hernia could not be kept up by the truss alone, as this operation would be likely to cause an abundant effusion of fibrine in and about the neck of the sac.

Two of your Committee have had some personal knowledge of it; the results of their observation and experience will be found at the end of this report. [See "Transactions," vol. v.]

It is an unquestioned fact that reducible hernia is often cured in young subjects. It may be accomplished in them by various means; but it should not be thence inferred that the same course would uniformly produce like effects in adults.

It may be remarked that, in children, any method which can prevent the protrusion of the hernia for a year or more will, in all probability, produce a permanent cure. If the aperture through which the contents of the sac must pass can in any way be prevented from enlarging, while the viscera of the abdomen are increasing in size, it is obvious that a great length of time would not be required to render an escape of any of the abdominal organs difficult, if not altogether impracticable. We see familiar examples of this daily in umbilical hernia, which is brought on so often in infancy by hooping cough and various other causes. *Compression*, it is well known, will, in all such cases, if carefully practised, in a comparatively short period produce a radical cure; and it is a valuable agent in the management of reducible hernia at every period of life. It has been used from the time of Celsus to the present, and it has not unfrequently succeeded in producing the desired result. It is usually applied at the present day by means of trusses. Great improvement has of late years been made in their construction. It cannot be doubted that an instrument of this kind, when nicely adjusted, so as to cause no pain or inconvenience, and at the same time to compress the neck of the sac, may, if used for a considerable length of time, prevent in many cases the subsequent protrusion of the hernia.

It is well known that pressure upon a serous membrane, when carried to a certain extent, will cause an effusion of fibrine on its inner surface, and it was from a knowledge of this fact that, in former times, the me-

thod of treating aneurism by compression was adopted. This mode often succeeded in producing a radical cure, by closing the artery leading to the aneurismal sac. The practice has been revived with great confidence within the last few years, and the results hitherto have been equal to the expectations of its advocates.

In the treatment of hernia in this way, it is of the utmost importance that protrusion should not be allowed to take place at any time; "for if the hernia once descends during the wearing of the truss," as Sir Astley Cooper well remarks, "the cure must be considered as re-commencing from that moment." The truss, therefore, should be worn by night as well as by day.

It is important, also, that while the pressure is sufficient to prevent the descent of any of the abdominal contents, it should not be enough to cause any considerable degree of inflammation. This would not only require the truss to be laid aside altogether, but it would also stop entirely the effusion of fibrine. In inguinal hernia the pad should be so placed as to compress the inguinal canal; and at the same time great care should be taken to avoid pressing the spermatic cord against the pubis.

A radical cure will not be effected in this way, unless the compression is continued for a length of time. It cannot be reasonably looked for in an adult in less than two years from the time the truss is first worn; and it can hardly be expected at all in persons after the middle age of life, who are afflicted with a direct inguinal hernia of long standing. At the same time, more benefit is derived from compression in such cases than from anything else, and persons in this situation are not safe without it.

The Committee beg leave to offer the following opinions as the result at which they have arrived after a careful examination of the subject committed to them.

I. That there is no surgical operation at present known which can be relied on with confidence, to produce in all instances, or even in a large proportion of cases, a radical cure of reducible hernia.

II. That they regard the operation of injection by the sub-cutaneous method as the safest and best. This will probably in some cases produce a permanent cure, and in many others will afford great relief.

III. That compression, when properly employed, is, in the present state of our knowledge, the most likely means of effecting a radical cure in the greatest number of cases.

All of which is respectfully submitted, by

GEO. HAYWARD,
J. MASON WARREN,
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} *Committee.*

ULCER OF THE STOMACH.

[THE report in last week's Journal, by Dr. Moore, of the case of the late Dr. J. C. Colby, of New Hampshire, whose death was caused by an ulcer of the stomach, renders the insertion of the following remarks on this affection, with the details of a case in hospital practice, appro-

priate, and the reader will find them interesting and practically useful. They are taken from a late number of the London Lancet, where they constitute a portion of the weekly "Mirror" of the practice of the London Hospitals—this extract referring particularly to King's College Hospital, under the care of Dr. Budd.—Ed.]

The diagnosis of gastric affections is sometimes easy, and at other times fraught with difficulties of no trifling kind. The ordinary derangements of the stomach brought on by a superabundance or an improper kind of food, symptomatic irritability, deficiency of chemical action, muscular debility, &c., are pretty easily recognized and treated. But affections of another class—viz., chronic inflammation, ulceration, and cancer, present groups of symptoms which have so much analogy with each other, that it is often a puzzling problem to give a decided opinion as to the actual nature of the disease.

Pain, loss of appetite, vomiting, hæmatemesis, and flatulency, are generally present, with more or less intensity, in the affections to which we have just alluded; but it would appear, from the statistics which have been made public, and from our own experience, that the common ulcer of the stomach is more seldom met with than either chronic inflammation or carcinoma of the gastric cavity. As far as hospital practice is concerned, we are bound to say that we have noticed more cases of simple ulcer of the stomach in Dr. Budd's wards than in any other institution, and we hope to serve a useful purpose by pointing out the treatment which Dr. Budd adopts in these cases—viz., the avoidance of all irritating substances, and the use of boiled flour and milk for ordinary nourishment. The course thus pursued is in complete harmony with the methods usually employed for favoring the cicatrization of ulcers situated on the surface; for soothing applications, except in cases of very languid and indolent ulcers, are, in general, the most likely to benefit the patient. It is highly probable, that in this way Dr. Budd has succeeded more than once in procuring the healing of ulcers of the stomach; and it would perhaps be well, whenever ulceration of the mucous membrane of other portions of the alimentary canal is suspected, that the above-mentioned facts be kept in view, for it may be supposed that such emollient applications might sometimes be more beneficial than preparations of opium or other sedatives. Nor need the diagnosis of these affections be strictly correct, for adopting the farinaceous diet cannot fail to be of much use, both in carcinoma and chronic inflammation without ulceration.

Some doubts have been raised as to the actual cicatrization of ulcers of the stomach; but autopsies have clearly revealed the existence of such cicatrices, though these are perhaps as rare as cicatrized vomicæ in the lungs. It is worthy of notice, that pressure on the epigastric region does not generally give severe pain over a circumscribed spot, and that it is thus somewhat difficult, in most instances, to say where the ulcer is actually situated; and it certainly may now and then happen that chronic inflammation with exudation of blood, may be confounded with ulceration and lesion of some arterial or venous branch.

We feel the more inclined to put the following case on record, as it

presented the more striking symptoms of the two affections which we have just named. Most of our readers will most probably side with Dr. Budd, and consider the case as a *bona fide* instance of ulcer of the stomach. The details of the case were obtained from the notes of Mr. Marchant, one of Dr. Budd's clinical clerks.

William F———, a bricklayer, aged 40 years, was admitted October 12, 1852, under the care of Dr. Budd. The patient always enjoyed good health until about eight years ago, when he began to suffer from pain in the head and limbs; he then for a few days vomited his food, and noticed that it was tinged with blood. Soon after these symptoms had shown themselves, he brought up (as he says) seventy-two ounces of blood, of a very dark color. The man is of intemperate habits, but does not recollect whether he had been drinking to excess a short time previous to this latter attack. No pain after the ingestion of solid food was at that time experienced, nor had actual and copious vomiting of the contents of the stomach taken place until about a week before the occurrence of hæmatemesis. The patient was at this period laid up for about ten weeks, and during the subsequent eight years had, up to the day of his admission, only four attacks of sanguineous vomiting, each to the amount of about six ounces of blood. The latter was on these occasions very fluid, and of dark color; and the vomiting used to occur after a fit of coughing, though the blood never came with the sputa.

Up to nine days before admission, the patient had experienced no pain in the stomach, and no difficulty of taking food; but he now began to complain of headache, uneasiness in the bowels, slight cough, and loss of appetite. Solid food was occasionally rejected, but not streaked with blood. The gastric pain was always increased upon taking aliments of a consistent kind; and the suffering seemed to extend from the middle of the stomach to the pyloric extremity. The patient stated that he felt very weak in the afternoon of the day on which he was admitted, and vomited (according to his calculation) between three and four pints of dark coagulated blood. He thereupon became very faint, and was brought to this hospital.

His state on admission is thus described:—Extremely pallid, lips blanched, lightness and giddiness of the head, with great pain in that organ, and flashes of light before the eyes. The uneasiness over the epigastrium, and to the left of that region, has diminished, but the part still feels sore. There has been no vomiting of blood since admission, nor any rejection of food. The bowels are confined, and the patient says he has never noticed any blood in his stools. No rest at night, and great pain on pressure on the right side of the linea alba, as far as the level of the umbilicus. Liver not enlarged. On auscultation of the heart, slight systolic roughness is heard at the apex; pulmonary sounds normal.

Dr. Budd diagnosed ulcer of the stomach, and ordered ice to be sucked, and the food to consist of boiled milk and flour. The progress was extremely slow for a few days, but no other attacks of hæmatemesis took place.

Six days after admission, Dr. Budd prescribed three grains of citrate of iron to be taken three times a-day. Four days afterwards a blister was applied to the pit of the stomach; this relieved the tightness felt in that locality. No vomiting had taken place, but the bowels were relaxed, and the patient still felt giddy. There was also some pain in the loins and right flank, but the patient rested better at night, and the food was taken with pleasure.

Up to the fortieth day after admission, the patient remained extremely weak and giddy, he had severe pain across the umbilicus, and the bowels were often relaxed, though the diet was chiefly composed of flour, oatmeal, arrowroot and milk.

At this period Dr. Budd prescribed an astringent chalk mixture, which caused the looseness to cease. The symptoms became a little mitigated on the fifty-first day. The man was then allowed a slice of meat, and had again an astringent mixture.

A week after this, there was still tenesmus, giddiness and slight diarrhœa, when Dr. Budd ordered a mixture of bismuth, magnesia and morphia. This gave some relief; but on the sixty-first day the patient was taken with violent sickness and purging, the matters vomited being very sour and green. He now took effervescent draughts, and a mixture composed of opium, catechu, chalk and logwood, the bismuth being at the same time continued. The symptoms were now effectually controlled, and Dr. Budd then gave creosote and opium in small doses.

The sickness returned, however, in a few days; the epigastrium became very tender on pressure, especially after meals; and the headache continued very severe. The creosote was now omitted, a blister applied to the pit of the stomach, and a combination of chalk, bismuth and morphia ordered.

From this time the patient began to improve; the sickness did not recur; the pain after meals diminished; and tenderness on pressure over the epigastrium gave way. A nourishing diet was now prescribed, and the man was discharged at his own request, ten weeks after admission, warned by Dr. Budd to refrain from all stimulating and intoxicating liquors.

Here is a good instance of the degree of irritability which may be induced by one or more ulcers of the stomach. The farinaceous food, used for the first few weeks, certainly contributed much in diminishing the distress; but as soon as a less exclusive diet was allowed, and preparations of steel ordered, the same train of symptoms as had characterized the first period of the case suddenly re-appeared. Bismuth, magnesia and morphia, form a combination which answered admirably, and which is of great value in these cases, whether there be simply chronic inflammation or actual ulceration. Dr. Budd advised the patient to avoid stimulating aliments, and to refrain from the use of intoxicating liquors; just on the same principle, we presume, as a surgeon warns a patient on the eve of being discharged with a newly-cicatrized tegumentary ulcer, to shield the delicate structure from violence, or the contact of irritating substances. We sincerely hope that Dr. Budd's advice will be followed, and that his patient will not put himself under the necessity of again applying for assistance at this institution.

THE PHILOSOPHY OF MEDICAL SCIENCE.

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[Concluded from page 95.]

III. But the great vice of this theory is, that it excludes from science all its ideas, thoughts, truths and principles, leaving nothing but an array of lifeless material facts.

The author notices the common belief that there are general laws and principles in science, and tries to make them bend to his theory, by calling them "generalized phenomena," and making them only a peculiar kind of phenomena; a sort of general phenomena, which are observed, when one or two of the particular phenomena are observed—a sort of "original sin," which comes into being the moment the first particular act of sin is committed, and at once extends to all the individuals of the race. He says (p. 29) his "object is to show that all laws or principles of science consist merely in these constant and invariable phenomena and relationships." He says truly enough that a law is not a power lying back of the phenomena; but he does not say, what is equally true, that a law is a general truth proved by the facts, and not a general phenomenon observed in the facts. He says (p. 148), "a law is not an element superadded to the facts by an act of reasoning, it *consists in the phenomena* and their relationships, and is *identical* with them." "The law or principle [p. 175] is not a creature of the reason"; "it does *not* consist in any intellectual deduction, as it is termed, from the phenomena." "There are no principles [p. 220] which have any legitimate right to this character, excepting those which *consist exclusively in* these *details* themselves."

It is not necessary to argue this point here. It has already been sufficiently considered incidentally in other connections. Besides, if any mind does not of itself perceive that a general truth of science is something different from the phenomena and details themselves, and of a far higher and nobler character, argument will do that mind no good; and if it does perceive this, argument is superfluous. Professor Agassiz, in the passage already quoted, speaks of ideas, thoughts, and general views deduced from facts; and in another place he has said, "it is not sufficient to know what the facts are, it is our task to *understand* them"; and in another place, he says, it is his object "to show how to investigate isolated facts, and to *deduce general conclusions* from them; how to arrive at general views from the actual study."

And though this point is so important, it will only be necessary to add to what has already been said, that there are in science general *ideas*, arrived at by the mind by the study of collected and arranged facts; as the idea of a vertebra. This is not a *vertebra*, nor a whole collection of vertebræ, nor anything observed, but an *idea* arrived at by the mind after comparing a whole series of arranged and classified vertebræ, and studying and thinking upon them.

Then there are general *truths*, deduced by reasoning from particular facts; as the truth that the whole bony skeleton of man is constructed

on the plan of a series of vertebræ; the truth that the wing of birds, and the fin of fishes, are constructed on the same plan with the human arm.

Then there are other truths, more general, more comprehensive, deduced from the lower classes of truths; a sort of *genera* and *orders* of truths, deduced from a comparison and study of all the *species* of truth; as this, that all vertebrated animals are constructed upon the plan of a series of vertebræ variously modified and developed; till we arrive at the still more comprehensive truth that the whole animal kingdom is constructed upon one great plan, variously modified and applied to the exigencies of each particular division, order, genus and species, with admirable skill and wonderful intelligence. Now, to call these scientific truths, the details themselves—to make them identical with the observed phenomena, is too ridiculous to admit of the seriousnsss of argument.

Having now considered this theory of science somewhat in detail, it may be well to notice one or two applications of it which the author has made.

He says (p. 219, &c.) "it is the diligent searcher after facts who makes the acceptable offering on the altar of science; that the question is, What have you done? What have you seen? What new phenomena and relationships have you discovered? or, What old one have you rendered more intelligible and positive than it was before?" If we do anything for science, we must do it by discovering new phenomena, and making clearer and more positive the old ones (or else by "pointing out the only true method of reaching this knowledge"—that is, by framing a Philosophy of Science). He says, "the *fact-hunter*, as he has been sneeringly called, provided he is only a *fact-finder*, and a *fact-analyzer*, is the only true contributor to the advancement and the improvement of medical science." And what he means by *analyzing* facts, he has already told us; it is merely to look at them, see their resemblances and differences, and put like and like together.

Now I will only contrast with this, another passage from Prof. Agassiz. He says, "Making discoveries has been the object envied by all those who have devoted themselves to science. But I think the time is past when it was desirable for any scientific man to make discoveries." "The names of the great men in science are never connected with discoveries"; and he refers to Cuvier and Humboldt, as instances. "They," he says, "have traced phenomena, and followed up their results, and that is why their results are so important, and why they have obtained such an influence upon science." As he said in the passage before quoted, they "took the old facts already known, and compared them, and studied them, and *reasoned* upon them, and *thought* deep and thought high, till they had *deduced* new knowledge from them, till they had arrived at great ideas, thoughts, general truths, which have renovated science, and given it a new aspect." No doubt making discoveries is an excellent and important method of improving science; but it is by no means the only method, and taking it as recommended in connection with this theory, it is certainly a very inferior one. There is a more excellent way, which the distinguished naturalist referred to has taught and exemplified.

Our author has much to say (p. 206, &c.) of "impartial observation," of being free from scientific prejudice; he would have the "acute and circumspect" observer "indifferent" as to the result of his investigations, so as not to be the interested seeker for certain particular phenomena which he wishes to find.

It is very true that in science, and everywhere, a careful guard should be set against prejudice, that the mind be not warped or blinded by it, and that no previously-formed opinions, or previously-ascertained facts, should be permitted to sway our judgment in its estimate of new phenomena. We must hold our minds ever ready to see the facts as they are, however different they may be from what we expect or desire to find. We must not permit ourselves to be the one-sided advocates of any supposed truth, or fact. But, that we must go forth to observe the phenomena of nature with no ideas previously gained of what we may expect to find, with no supposed truths suggested and rendered probable by previously-observed facts; that we should go forth and pick up facts just as we find them, good, bad and indifferent, without looking for particular facts which we expect to find, and wish to find, as the author's remarks upon this point, and his theory, require us to do, is not true. It is impossible. The human mind can't do it, at least if it has any love for the science it is pursuing. It is undesirable. The mind cannot investigate with zeal and perseverance and success, unless its feelings are warmly enlisted in the object of its investigation. It is unwise. It is not the method pursued by the most eminent men in science.

Professor Agassiz, speaking of discoveries made by observations which have no special object in view, says—"But what can we gain by such discoveries? Very little. Progress in science can be made by such accidental discoveries, but it is not a steady progress. Steady, continuous, and constant progress can be made only by tracing, *with a view*, certain phenomena." And again, "The true method of investigation is to trace serial phenomena, to trace facts one after another in a series which point at once, by the very series which has been formed by facts, to further facts to which we have to look."

This was the method pursued by Newton in his observations, by means of which, and by his reasoning upon the observed facts, he demonstrated to the world the great truth of gravitation, which he had already arrived at from witnessing the fall of an apple. Was Newton thus impartial and indifferent, when completing that series of *arguments*, rather than observations, by which he demonstrated that the moon is attracted in a certain manner towards the earth as she moves in her orbit? The contrary is too well known to be related.

It was by this method that the great naturalists proceeded who followed out the idea that Goethe and Oken had arrived at, respecting the vertebrated structure of the skull. And as they went on examining skull after skull, did they not expect to find the evidence of this vertebrated structure? Would they not have been disappointed if the facts had proved otherwise?

It is this method Prof. Agassiz is pursuing, in demonstrating his brilliant idea of the classification of the animal kingdom according to embryo-

nic development; an idea, a truth, a principle, that will give new life and a new character to the whole science of zoölogy, if it does not pour some of its vivifying rays upon the kindred sciences. And when he has looked at the embryos of mammals, of birds, of reptiles, to see if the organs of locomotion are webbed in the earliest stages of development, as he expected to find them, has he been indifferent? Has he not found what he *wished* to find? Especially when he looked for the second time to verify what he had before imperfectly seen in the robin's foot. He himself has said, in private conversation, "that the study of science is of great service in enabling a man to *master his passions*; for, when we are pursuing an investigation and look for a certain phenomenon and do not find it, but find that nature conducts herself contrary to what we expected, we are disposed to be *angry* with nature" (this was his word, and it was accompanied by a significant and earnest gesture) "for not doing as we wished her to. But it is of no use, we must submit, and let nature do as she pleases." This is a significant comment upon our author's theory of the right mode of observing facts. It is not by banishing passion from the breast of the scientific observer, but by furnishing him with the means and motives to control it, that he will remove or abate the evils he so justly deplores.

Our whole examination of the subject, up to this point, has been conducted with reference to absolute science, in its strictest sense, consisting of fundamental principles that are self-evident, of facts that are certainly known by observation or conclusively proved by reasoning, and of those ideas, truths, principles, and doctrines of science, that are also known with absolute certainty, being most fully proved.

But what is to be done with the hosts of facts that are but partially known? and with the many truths in the highest degree probable but not yet fully proved? They certainly constitute no small part of science, and of medical science in particular, where observation is attended with so many difficulties and uncertainties, and we are obliged to be so cautious how we reason from our observations. Are they all to be banished utterly? According to our author's theory, they must be. But they certainly form no small portion of science as it is commonly understood. Some, very many of them, are in the highest degree probable, almost certain; and others are known and proved with various degrees of probability. They certainly ought to have, they do have, their proper place in science; and medical science, at least in some of its departments, would be in a pitiable plight without them. But they must keep their proper place, till such time as they can take a higher stand, and they must even bear upon their foreheads the mark of their inferior condition, till they can be emancipated from their uncertain state, and take their stand among the certainties of science.

Again, there are theories more or less probable, there are hypotheses more or less rational. All these are to be allowed their due importance. They have done a great deal for science, and have still much more to do. She cannot easily get along without them; but their true character must always be kept in view, and they must be dealt with and used accordingly. While they remain theories and hypotheses, they are not to be

admitted "in full and regular standing" into absolute science. They are to be "used, as not abusing them."

Dr. Bartlett has in one place alluded to the imperfection of science. It is necessarily imperfect. Such, human science must ever be. There is imperfection in the mind itself; its intellectual powers are limited; its moral proportions are deranged; and hence its very observations are imperfect; its reasonings are imperfect. But it is believed that most of the evils which our author deplores and would remove from science by banishing reasoning and its products and making science to consist of mere phenomena, are not owing, as he supposes, to mere "gratuitous assumption" and "hypothesis"; that they are not theories which have been coined in the secret chambers of the mind, and speculations which it has wrought out from the creations of its own fancy. This might be said of much of the philosophy of the dark ages, when Aristotle (and not Plato, as Dr. Bartlett, p. 223, erroneously* supposes) reigned in the schools. But it cannot be said of the false notions which have more recently infested medical science. The source of these errors is generally in imperfect observation. They arise, as errors usually arise, not so much from bad reasoning as from bad premises. It is the observations that are generally at fault in medicine. In this science, observation is peculiarly difficult. The phenomena, their relations, the true causes, the actual effects, are so various and so complicated and often so exceedingly difficult to ascertain with accuracy, that a sound judgment and peculiar discrimination are required in the observer. It is owing to a deficiency *here*—to a want of sound judgment and clear discrimination in the observation of facts. rather than to any waywardness of intellect in reasoning from them—that so much trash, so much error, so much folly, so much false doctrine, has crept into medical science and surrounded it with so many absurd theories that would rival its claims. The ridiculous errors of the homœopathists result mainly from their miserable observations. The materia medica of Hahnemann is not so much a book of false theories, it is made up (if I mistake not) almost wholly of the details of observations;† but *what* observations! It is in this way that errors find their way into science, and round about it, and gain currency. The very nostrums that are advertised in our newspapers and vended in our drug-shops gain currency by their pretended cures. If any false theory is attached to them, it is merely to satisfy the demand of the mind for something that is rational; the main reliance of those interested in their sale is upon the thousand cures, each duly certified, which they can report. It is only a twelve month since a Thomsonian professor of an Ohio university, in a lecture in this city, stated that he should report the details of some 150 successive cases of typhoid fever, all *cured* by the power of lobelia and Cayenne pepper! This is *observation* with a vengeance. It is upon observation, such as it is, that most of these follies rest. Here is the real difficulty. And the only remedy for it is to be found in a sound judgment and clear discrimination in the observer,

* The philosophy of Plato has been revived only within a few years. It was the Aristotelian philosophy as it existed in the schools that Bacon demolished.

† See pages 37 and 38 of this Journal, for a specimen of these "observed phenomena."

which will direct his eye to the right facts, and enable him to perceive their real value. It is undoubtedly this that gives Louis his eminence as an observer, more than any "system of observation," or any disuse of his reasoning faculties. But men *will* observe badly, in spite of all Dr. Bartlett or any one else can do. There are intrinsic difficulties and obstacles in the case, and there are incapacities in the minds of the observers, which he cannot remove. And a great portion of the evil must be submitted to. In this as well as in many other respects, we must submit to the necessity—doubtless a wise arrangement of our Creator—of living for the present in an imperfect world. But it is well to know the real seat of the difficulty, if only to avoid any fruitless efforts to remove it. At all events, these defective observations, and the false theories and doctrines deduced from them, cannot be prevented, cannot be removed, by banishing reasoning and its processes and results from science. To do this is to swing madly a two-edged sword, which hews down friend as well as foe. It is to blow up the ship with all that is in it, to prevent it from falling into the hands of the enemy. Or, to use our author's own motto, He "trusts he has got hold of his pitcher by the right handle"; but it is to be feared he has got hold of a handle too low, too near the bottom; and by his bold and vigorous grasp of this *wrong* handle, he has upset it, and spilled out the *higher* and more precious portion of its contents, containing all the *active principles*, which had been extracted from the remaining portion, and has left only the inert and worthless dregs.

Dr. Bartlett's object is a noble one, and he has advanced many noble sentiments and important truths in his book. It is true that science must stick close to facts; it is true that its laws and principles are not powers and agencies lying back of facts; it is true that nature must be studied, and interrogated and investigated in her own broad fields, and not within the four walls of the study; it is true, that there are some facts which cannot be proved by some others, and that each department of science and each class of facts requires its own special observations; it is true that reason alone cannot do everything in science; it is true that false doctrines, gratuitous assumptions, and fanciful theories and hypotheses, must be banished from science; it is true that its facts and truths must be known and proved. And in maintaining these truths and contending against these errors, we will join him with the whole heart and soul. He has, in the main, taken the right side in the contest, but he has chosen his ground most unfortunately. Fighting in a noble cause, which must, of itself, secure final victory to its champions; bringing into the field the finest array of chosen troops, and provided with all the materiel necessary to successful warfare, he has chosen to give battle upon ground upon which he cannot gain the victory, and from which he must eventually be driven. He has only been able to display his strength and show on which standard victory must finally rest. He has planted his artillery in a position where it is exposed to a raking and destructive fire, while it is unable to play with effect upon the weak points of the fortress of error he would level with the ground.

Or (if we look at it, not with reference to the errors he has failed to demolish, but with reference to the science he has unintentionally annihilated by a false theory, so far as a false theory can be said to do this), in his effort to drive from the Temple of Science the ridiculous theories, absurd hypotheses, and false doctrines, which have desecrated its altars, he not only drives away those rational hypotheses which have ever been allowed to occupy a humble place near its entrance, to introduce those who are entitled to admission, till they themselves, perhaps, may be allowed to enter with honor; but he removes from it every fact however well-known, or proved, if it has not come under the eye of the observer; and above all, he does not allow a single niche to remain for any of the sublimest truths and soundest principles that have ever received the homage of the worshippers; he leaves nothing but the bare walls around which is arrayed a collection of phenomena. The temple is transformed into a mere cabinet of phenomena. The collection may be large and full and extend to every department of science, and may be most perfectly classified in all its various relations. But that is all. There they lie upon the shelves, a lifeless collection of mere phenomena; the ideas, the truths, the principles, to which they point, and which give them all their life, significance and power, are gone. It is a *Temple* no more; and the Divinity is gone, unable any longer to dwell in it.

SOUTHERN OBSTETRICY—UTERINE DISPLACEMENTS.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—But little has been done for southern obstetricy; and such has been the backwardness of the fraternity, that little has not been appreciated; but as we belong to the class of progressive democrats in medicine, we say here go again, upon our favorite motto, "*truth without fear.*" We have recently read the valuable essays of Drs. Collins and Coale upon obstetrics, in your Journal. The former has a just regard for the speculum—a means of diagnosis in uterine disease, chaste in its application, unpainful, and correct in delineating pathological facts, but too little used in southern obstetricy. The essay of Dr. Coale, we regard an excellent contribution in the direction of a class of affections which are pregnant with interest and imperfectly understood by many practitioners. We wish we had more such productions; the article confers credit upon the author, and we trust he will not forget us, when he distributes his pamphlet. While reading a number of Dr. Coale's treatise, we were forcibly reminded of a remark of Prof. Channing, of Boston, which had made an indelible impression upon our mind—*that uncomplicated prolapsus was not as common as suspected.* We have long been convinced of the truth and force of Prof. Channing's opinion, and we are glad one so distinguished in obstetric science has assumed the position. The practice of obstetrics in the South is followed by two classes or colors, white and black. We feel convinced the obstetric practice of the South is mainly done by the country practitioners, and

those in our villages who belong to the same in fact. The country is rural, settled with an agricultural population, residing in a large majority of cases upon their farms, with white and black families of various dimensions, varying from five, ten, twenty and thirty, to forty, fifty, seventy, to an hundred and more. Among these families are a great number of black females, who from their avocation of laborers, in carrying weighty substances, corn-pulling, ploughing, &c., would naturally be presumed to have falling of the womb in many instances; yet, strange to tell, it is rather an unusual occurrence among them. We have done a heavy practice in obstetrics. We have seen much uterine disease of almost every grade. We have noted our cases, and upon a review of them, we incline to the opinion, *that simple prolapsus of an uncomplicated character, is an accident of rare supervention in this section of the South.* The negress is a creature of an intuitive superstition, and she often imagines her "*body*" down; but the merest digital examination will detect her error, though something must be done to pacify her fears, and you must assure her you have re-placed her "body," and enjoin ablution and rest a day or so, which accomplishes the cure. We would not by any means say, the negress never has prolapsus, for some of the worst and most intractable cases of procidentia we have ever seen among any class, have been among them; and as a general rule, when you find such a case, it is only palliatively relieved, for reasons we may mention hereafter.

The white lady of the South, as far as we are advised, is decidedly more subject to prolapsus than the negress. This may be owing to her manner of life, in dressing, dieting, &c.; but in the country, invigorated as all colors are by a pure atmosphere and addicted to physical exercise, the prolapse of the uterus is far from being frequent. About our cities the deformity may be oftener seen, or about our larger towns; but we know nothing of either from personal experience, consequently cannot speak knowingly. Of *country matters* we can speak, and that from the *record*. This *prolapsus* question has been a hobby for many a pretender to secure fame, and scores of women South have been injected per vaginam with sulph. zinc., nit. arg. *et id omne genus*, to their serious detriment, for the mal-position of an organ from which they never suffered. Any man, with a thimblefull of brains, who will put himself to the trouble to examine the anatomical situation of the womb, will see, at a glance, that the organ, in its normal and physiological conditions, is not easily prolapsed, at least not with the facility once supposed. We admit real *prolapsus* is too common, but it can never be modified until we have a radical change in our mental and physical education South. But at the same time, we protest against referring every little uneasy sensation in the hypogastric region to uterine descension. It is high time we were awaking from this unprofitable and unmeaning slumber, with regard to female affections. We need and urge more investigation into their pathology and therapeutics; and the day is approaching, we opine, when their diagnosis will be more definite, and the treatment decidedly more rational and curative. Then, and not until then, will we have less of falling of the womb, abdominal supporters, pessa-

ries, and *crawling out of the bed headforemost and down to re-place it.* God speed the time for the benefit of our *wives* and *daughters.*

But although we protest against the abuse of the term *prolapsus*, and think it a comparatively rare affection in country practice here, we are well aware there are other forms of uterine disease, which are often in existence and seldom recognized; such as local congestion of the *cervix*, &c., to which we shall invite attention hereafter. In the treatment of *prolapus*, we wish we had time to dilate. Suffice it to say, we eschew all pessaries, as worse than useless, for reasons which to our mind are clear, and we think it would be better for the ladies at large if the *pattern of the pessary* was extinct in toto. We know that in this, and upon the prolapsus question, we will be controverted; but when by southern men, we ask for the record, and shall not submit to be considered incorrect upon the vague and uncertain scintillations of memory, or because this man, that man, or the other man, did not have the same luck, or see the same phenomena. We consider one recorded fact worth a thousand negative suppositions.

The whole profession is under obligation to Dr. Channing for his bold assumption of a clear ground, which should have, long since, been occupied. We have given our opinion of its truth South, upon our personal observation. Others may deny it; but other matters are apt to secure more attention South from physicians, than their books and diary. Few keep the latter; hence they only speak from memory, and consequently their opinions must generally be liberally allowed for. As a class of practitioners, our medical men are *bold* and *safe*, but as observers and the recorders of their observations, they are lethargic. Many of them do more practice than they think, while many again do none, and never think any one else does any. We keep a record of our cases, and know it correct, and are not willing to have our opinion confounded upon this question, only by a record, and then we are satisfied; for we set up no claim to infallibility. Respectfully and truly,

Thompson, Geo., Feb. 9, 1853. H. A. Ramsay, M.D.

OPERATION FOR HYDROCELE.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I have the pleasure to forward to you for publication what I believe to be a new method of curing hydrocele of the tunica vaginalis testis, without tapping. I have adopted this practice for some time, and in a great many cases, with invariable success, but have delayed giving you this account till I had become perfectly satisfied of its being a radical cure by a relapse of the hydrocele not having occurred in any case. The following is one of the cases:—

Mr. John Norwood, a native of England, but for some time a resident of this city, about a year ago applied to me for advice. He was afflicted with hydrocele of several years' standing. He had been under the care of several physicians, who tapped him freely, but only gave him temporary relief, as the water invariably accumulated after they had resorted to all the remedies usually adopted in such cases.

On examining him I found the scrotum indicated all the symptoms of hydrocele of the tunica vaginalis testis. My mode of treatment was as follows:—I scarified the tumor all over with a lancet, and then applied fomentations of the lupus humulus as hot as they could be borne, and repeated them as often as they became cool. I kept the bowels open with mild cathartics, and administered diuretics freely as a drink. Under this treatment, followed up for about three weeks, the tumor gradually subsided, till a perfect and radical cure was effected. He is now well, no relapse or accumulation of water having since occurred. Hoping the profession will make trial of this simple treatment, and with equal success, I remain yours respectfully, J. X. CHABERT, M.D.

No. 431 *Grand st., New York, March* 1, 1853.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 9, 1853.

The Esculapian.—We have already alluded more than once to the new periodical of Dr. Griswold, of New York, and expressed our best wishes for its success. The following letter from Dr. G. presents some of the claims that the work has upon the patronage of physicians, which are deserving of attention, especially by those of the profession who have doubts of the expediency of preparing works of this kind for the public.

"The third number of the 'Esculapian' will be published by the time this can reach your readers, and will likely enough fail to satisfy those of our profession who are disposed to inquire of me 'why do you undertake to publish such a paper?' I will attempt to answer why. My professional experience for the last ten years has been somewhat varied, and extended over a pretty wide field, and I may say it has been peculiar, inasmuch as it has revealed to me, as few have the opportunity of seeing, the poisoned weapons and the hands that hurl them, which are constantly being thrust at, not only the men, but the principles of our art. These means are not either feeble or effeminate alone—they are as powerful and work as rapidly as the steam press; and are controlled by shrewd men who know of nothing *good* but what makes money—this is their standard in all things. These vampires thrive; and it has become a proverb, that to make money out of medicine, it becomes necessary to set up an opposition to the 'regular profession.' A man said to me the other day—'Doctor, if you wish to *succeed*, you must advocate some of the popular notions in medicine.' 'How succeed?' I asked. 'Why, *make money*'! 'Thank God,' I answered. 'I have a better success in view.' He looked at me in astonishment; the idea was incomprehensible to him. Who will deny but that this is one of the powerful influences which fill our land with charlatans. 'Our opponents make money, we scarcely live,' say thousands, and soon they are off, enrolled in the ranks of money-makers in medicine. It is humiliating to acknowledge that men educated at all in the truth-inspiring principles of our science, could ever sell them for pieces of silver. But popular sentiment sustains them, and if they 'succeed,' they are sure of a popular reward.

"Take the press and money, or the two united in one, and we have the

greatest human power over mankind; and these two, or the mighty one, is at its busy work against us. It will not do to say that there is no help for it, simply because it has always been so to a greater or less extent. We, or our profession, has ever trusted too much to the benevolent aims which lie at the foundation of our calling; but justice and truth were never sustained upon merit alone, and the Church of Christ would have fallen long ere this without defence. Why, then, should we let *truth* battle single-handed in medicine, when our aid would render it more effectual. The time has come when an effort must be made to establish in the popular mind a correct opinion concerning the nature and designs of our art. It will not do to leave the field to these speculators in human blood; we might as well trust a man's safety among wolves, simply on the ground that he is a Christian.

"I have undertaken what few would dare attempt, and I trust at least to have the credit of so doing, more from a love of the principles of my chosen calling, than any hope of pecuniary reward; for the last would argue a weakness of judgment, and belie my practice, which has ever been to heed the call of the sick to do them good, rather than for pay.

"I have never been more sanguine than now, that there is need, and would be a demand for such a paper as the 'Esculapian' is intended to be—I say 'intended,' for its design is but imperfectly developed yet. All that is required, is for it to be known; and I fully believe that henceforth there will never be a time without a popular paper for the people emanating from our profession, although mine may die and be forgotten.

"If any differ with me as to the general character of the 'Esculapian,' I can only say, help me to make it better by advice, contributions to its columns, or subscription list, and I will thankfully receive either, and appropriate the same according to the best of my judgment. It must be remembered, however, that the 'Esculapian' is for the people, and it will not do to adapt it to educated, or professional taste. There are enough who have already been made acquainted with our paper, who would gladly aid it in its work if they were fully sure of its stability, and that it would never degenerate to fulfil a mean end. To these queries, I can only pledge my devotion to the profession I love more than any thing else on earth, and my assurances of life and health. Of course if I fail to secure the necessary patronage to sustain it, it will end with the year. No class can promote its success as well as physicians, and if they fail me I shall have the 'principles' of our calling alone to urge me to my labors. I am already assured that this will not be the case, for it is not now. Yet the enterprise requires further aid, to warrant an enlargement which I greatly desire. C. D. Griswold.

108 *Nassau st., New York.*

Dental Science and the Dental Journals. — After an examination of the Journals of Dentistry for the past year, we are constrained, as an act of justice to the fraternity, to say, that the amount of original matter they have contained, and most of it of sterling value, shows that the dental profession of the United States have not been surpassed in their literary efforts by any body of professionals among us. With other periodicals it is allowable to copy extensively from contemporaries; but the dental editors rarely transfer a page from another Journal. Whether they will be able to continue this course interminably, admits of a question. At present there are no signs of exhaustion. Among the Journals of which we speak, and distinguished for independence, literary merit and genuine

science, is the American Journal, a quarterly, conducted by Drs. Harris and Handy, of Baltimore. Place it in any institution, or before the best minds in the country, and it will command respect and confidence. Instead of being jealous of the growing fame of these publications, which deal largely in physiological inquiries, and to some extent supply acceptable reading for medical men, we are proud of their success, and omit no proper opportunity of presenting their claims to the patronage of the public.

Hydatids of the Liver.—An account of a successful operation and cure, effected by J. Edward Webber, M.D., having first appeared in the New York Medical Times, and now issued in a pamphlet, is really a thrilling narrative. Dr. Webber shows by his works that he understands the profession in which he labors. The account, detailing the condition of the patient from the time he placed himself under Dr. Webber's care, till he was discharged, well, would be studied with interest by every medical man. No doubt the pamphlet might be procured by addressing the author, 173 West 26th street, New York.

Fergusson's Surgery. — When a book reaches its fourth edition, it is pretty conclusive proof that it is a valuable one and in demand. Such is the case in regard to Fergusson's eminently practical system of surgery, with its 393 illustrations. Messrs. Blanchard & Lea, of Philadelphia, have bestowed their usual care upon the typography. This is from the third London enlarged edition, and consequently as perfect as the author could make it up to October last. We have no disposition to repeat the commendatory observations heretofore made in respect to this production. The author is known and esteemed, and his writings are authority. Those who purchase this latest edition will have the worth of their money.

Invalids at the South. — All that had been anticipated from the mildness of the climate in and about Aiken, S. C., has been realized the present winter, by northern invalids. It has been rather more rainy than usual there, some of the time, which operated unfavorably for ladies, depriving them of the amount of exercise necessary to keep the body in a healthful condition. Those, however, who have had an opportunity to study the effects of the climate, and to compare their own condition while in New England with their present vigor, are decidedly of the opinion that there is more hope of restoration by residing south, than in taking medicine at home. We are solicitous to hear from our learned correspondent, Dr. Burnett, who is passing his second season in the bland and balmy region which he has described in this Journal with the judgment of a philosopher and the enthusiasm of a poet.

Orthopedic Institution of Bamberg. — One of the most celebrated, if not the best orthopedic establishment in Europe, is supposed to be the one located in the town of Bamberg, which lies in the centre of Germany, and is sheltered by hills clothed in the richest verdure and surrounded with gardens and orchards. Bamberg is only two miles from Nuremberg. From London to Bamberg, by way of Ostend, Cologne, &c., we may travel in three days. While the patient is having his or her malformations remedied, lessons are given in French, German and Italian, and children are taught all the necessary branches of an education, besides music; and all

this, including board, washing and attendance, for forty-two pounds a year. A person could not reside any where else abroad, and have such educational advantages, for twice that sum. The proprietor of the institution is Mr. Wildberger, whose faithfulness, integrity and capacity are certified to by some of the most distinguished physicians on the continent. American families going out to Europe with invalid children or friends, might derive very important relief from establishing them a while at Bamberg. With a view to putting medical gentlemen inclined to travel, on the track of the model orthopedic school of the old world, this short notice has been given. Of the various plans resorted to there for overcoming congenital and incidental lameness, it would be difficult to particularize. The institution is conducted on acknowledged scientific principles, and has the entire confidence of the medical profession, the people and the magistrates of the region round about, who are vigilant sentinels in respect to the rights and treatment of foreign travellers.

Medical School of Harvard University. — At the semi-annual examination held on the second of March, 1853, the following candidates were examined and approved for the Medical Degree.

Elisha Barber, *Medway.* Subject of Thesis, Erysipelas.
George Albert Blake, A. B., *Raymond, N. H.* Proportion.
Elisha Chenery, *North Livermore, Me.* Inflammation.
Ephraim Xenophon Giebner, *Franklin, Pa.* Pathology of Inflammation.
Edw'd Hitchcock, Jr., A.M., *Amherst.* The Geological Causes of Disease.
John Furness Jarvis, A. B., *Boston.* The Influence of the Mind in causing and curing Disease.
Francis Rufus Caleb Kittredge, *Waltham.* Apoplexy.
Graham Marr, *Simcoe, Canada W.* Intermittent Fever.
James Oscar Noyes, A. B., *Boston.* De Gangliis et Tubulis Nervosis.
Erasmus Allington Pond, *Franklin.* Alcohol and Fusel Oil.
Pitkin Boltwood Rice, *Wilbraham.* Pericarditis.
Lewis Edward Simons, *Chester, Vt.* Scarlatina.
Alfred Augustus Stocker, *Cambridge.* Chorea.
Tyler Thayer. Wounds.
John Danvir Walshe, *Cork, Ireland.* Dysentery.
John Colby York, *South Boston.* Scarlatina.

Edward Payson Abbe, A. B. was examined and approved at a special meeting of the Faculty held Aug. 19th, 1852.

Boston, March 4th, 1853. O. W. Holmes, *Dean.*

Mortality of Lowell. — The bill of mortality of the city of Lowell for the last year, prepared by the City Physician, Dr. Joseph Spalding, has been published. The whole number of deaths was 604, of which 150 were by consumption. In 1851 the deaths were 629, and 138 by consumption. Of the deaths last year, 291 were males, and 314 females. Estimating the population of Lowell at 35,000 (33,388 in 1850), the deaths in 1852 were 1 in 58, or 1.73 per cent.

Deaths in Boston—for the week ending Saturday noon, March 5th, 83—Males. 32—females, 51. Accidental, 2—apoplexy, 1—inflammation of the brain, 1—disease of the brain, 2—burned, 3—consumption, 22—convulsions, 2—croup, 5—diarrhœa, 1—dropsy, 3—dropsy in head, 2—infantile diseases, 4—puerperal, 2—scarlet fever, 6—hemorrhage, 1—disease of the heart, 4—inflammation of the lungs, 7—disease of liver, 1—marasmus, 2—old age, 3—peritonitis, 1—scrofula, 1—spine disease, 1—teething, 4—unknown, 1—worms, 1.

Under 5 years, 31—between 5 and 20 years, 14—betwen 20 and 40 years, 19—between 40 and 60 years, 7—over 60 years, 12. Born in the United States, 59—Ireland, 21—England, 2—Germany, 1. The above includes 5 deaths in the city institutions.

Foreign Substance in the Lung. — Dr. Crisp exhibited to the Medical Society of London, on the 22d of January last, the seed of a sugar-apple, which had remained ten months in a child's lung, and was then suddenly expelled. The particulars of the case were supplied by Mr. Reece, formerly of Barbadoes: — "Rebecca Jane, aged two years and one month, daughter of Thomas D——, a respectable colored man (carpenter) of Christ Church parish, Barbadoes, in playing with a seed of the sugar-apple, contrived to let it slip down her throat. This happened on the 19th June, 1840. The child suffered great agony, as might be expected, for the seed could by no means be ejected. Her sleep was irregular, and broken by convulsive jerks. She could not bear to be held in any other than a vertical position; in the arms all day; propped up during the night; frequently coughed up small clots of blood. She was removed by her father to Bridge Town, and became an object of intense interest to the medical men of the island, one of whom, Dr. Bovell, declared from the first (by means of auscultation) that the seed was lodged in the left lung. Things continued in this way until 10th April, 1841, when the child suddenly gulped up the seed, which was found to be enveloped in a yellow mass of some gelatinous stuff, oval in shape, and indeed not unlike the cocoon of the silkworm. I removed the stuff, and washed the seed, which I send to you." Dr. Crisp said the seed was three-fifths of an inch long, and about the same in circumference; its exterior surface resembled that of a tamarind-stone. He thought the case of great practical interest, and it was also one of rare occurrence in so young a child. There were numerous cases on record of extraneous bodies in the air-passages, but they had generally occurred in adults, or in children from six to twelve years of age. Nature often managed these matters better than the surgeon or physician; and it was not improbable, judging from recorded cases, that if tracheotomy had been performed in this instance, the result would have been unfavorable. A case bearing some resemblance to this was related by Mr. Travers, jr., in the *Medico-Chirurgical Transactions.* A girl, aged six, had a cherry-stone in the bronchus. From the urgency of the symptoms, Mr. Travers was induced to perform tracheotomy on the nineteenth day after the accident. The stone was not found; the wound healed, and on the ninety-sixth day the stone was expelled with a tablespoonful of pus.—*London Lancet.*

Sale of Poisons by Druggists, Apothecaries and others in the United States. — The Committee to whom the above subject was referred at the late Pharmaceutical Convention are desirous of getting all information on the subject they can obtain, and will feel under obligations for contributions to that end from apothecaries, etc., residing any where within the United States. The special facts wanted are, 1st, whether any State or municipal law exists regulating the sale of poisons; 2d, if so, how it works; 3d, if not, does any voluntary conservative action have place among druggists and apothecaries, and if so, how far; 4th, to what extent do grocers and general shop-keepers retail arsenic and other poisons used for destroying animal life. Any communications may be addressed to "W. Procter, jr., Philadelphia," Chairman of that Committee, or to Messrs. Dr. Philbrick, of Boston, Alexander Duval, of Richmond, Va., or G. D. Coggeshall, of New York, and its other members. — *American Journal of Pharmacy.*

The Faculty of Medicine of Montpellier have sent M. Dupré, one of the professors, to Paris, to congratulate the Emperor upon his accession to the throne.